

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
PROGRAM EVALUATION**
Applying Risk Prevention Documentation to Everyday Practice
ASNA NO: 5-91.188 ABN PROVIDER NUMBER: ABNPO387 DATE: June 29, 2005

Name: _____ SSN: _____

Please check one: ☐ Nurse ☐ Social Worker ☐ Other _____

Address: _____ City: _____ State: _____ Zip: _____ Email: _____

Fax: _____ Phone: _____

Shade in the circle under the number you think best evaluates this educational offering: 5 - Very useful 4 - Slightly useful 3 - Average 2 - Not useful 1 - Unacceptable

Teaching effectiveness of presenter(s):

| | 5 | 4 | 3 | 2 | 1 |
|-----------------------------|---|---|---|---|---|
| Victoria L. Green, MD | ○ | ○ | ○ | ○ | ○ |

Course Content Objectives:

| | 5 | 4 | 3 | 2 | 1 |
|--|---|---|---|---|---|
| 1. Explain the value of legally credible documentation | ○ | ○ | ○ | ○ | ○ |
| 2. Identify effective documentation practice that can reduce the liability of staff in clinical practice | ○ | ○ | ○ | ○ | ○ |
| 3. Discuss the importance of using an approved abbreviation list..... | ○ | ○ | ○ | ○ | ○ |
| 4. Demonstrate through case study, appropriate documentation techniques | ○ | ○ | ○ | ○ | ○ |
| 5. Identify the primary purpose of an incident report | ○ | ○ | ○ | ○ | ○ |

List one thing you will do differently as a result of this training: _____

Other education programs you would be interested in attending: _____

I attest that I viewed at least 85% of this program: Participant's Signature: _____ Date viewed: _____

☐ **No CEU's Requested**, mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator;
PO Box 303017, Suite1010; Montgomery, Alabama 36130-3017.

OUT OF STATE PARTICIPANTS:

NOTE: IF CEU'S ARE REQUESTED: include \$20 per person (check payable to: Alabama Department of Public Health), **within 3 working days**, fax (334-206-5640) or mail completed form to:

Alabama Department of Public Health; Video Communications, PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017.

☐ Check included ☐ Check will follow ☐ Please invoice **Certificate will not be provided until we receive evaluation form.** IRS Tax ID No. 63-1106545